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PTO/SB/17 (01-93)

Approved for use through 04/30/2003. OMB 0651-0032

FEE TRANSMITTAL for FY 2003 <small>Patent fees are subject to annual revision.</small>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/023,584-Conf. #4809
TOTAL AMOUNT OF PAYMENT (\$)		Filing Date	December 21, 2001
420.00		First Named Inventor	Craig A. Rosen
		Examiner Name	R. Landsman
		Group Art Unit	1647
		Attorney Docket No.	PF112P1D2

  

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	3. ADDITIONAL FEES	
<input type="checkbox"/> Money Order	<input type="checkbox"/> Other		
<input checked="" type="checkbox"/> None			
<input checked="" type="checkbox"/> Deposit Account			
Deposit Account Number: 08-3425			
Deposit Account Name: Human Genome Sciences, Inc.			
The Commissioner is hereby authorized to: (check all that apply)			
<input checked="" type="checkbox"/> Charge fee(s) indicated below			
<input checked="" type="checkbox"/> Credit any overpayments			
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			

  

FEE CALCULATION	
1. BASIC FILING FEE	
Large Entity	Small Entity
Fee Code	Fee (\$)
1001	750
1002	330
1003	520
1004	750
1005	160
SUBTOTAL (1) (\$)	
0.00	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	
Total Claims	164
Independent Claims	8
Multiple Dependent	
SUBTOTAL (2) (\$)	
420.00	

  

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Melissa J. Pytel	Registration No. (Attorney/Agent)	41,512
Signature		Telephone	(301) 610-5764
		Date	May 7, 2003

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MAY 9 2003

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